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CONFIRMATION NO. 2456

SERIAL NUMBER 10/627,358	FILING OR 371(c) DATE 07/25/2003 RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. 290194-00001	
APPLICANTS Peter Migaly, Blairsville, PA;					
** CONTINUING DATA ***** This appln claims benefit of 60/319,436 07/30/2002					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 04/20/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY PA	SHEETS DRAWING 0	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 3
ADDRESS DR. PETER MIGALY P.O. BOX 237 BLAIRSVILLE, PA15717					
TITLE Combination therapy for depression, prevention of suicide, and various medical and psychiatric conditions					
FILING FEE RECEIVED 8744	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		